

# IDENTITY FRAUD TASK FORCE - QUARTERLY REPORT

Michigan Department of Community Health  
Office of Drug Control Policy

## BYRNE MEMORIAL FORMULA GRANT PROGRAM

### INSTRUCTIONS:

- Use **THIS** form to provide a **complete** description of all project activities during this quarterly reporting period. Attach additional pages as necessary.
- The Quarterly Program Report is due in the Office of Drug Control Policy (ODCP) **no later than 20 days following the end of the quarterly report period.**
- Failure to submit this report by the due date will cause ODCP to withhold the release of funds.
- This form is screen fill-in enabled using **MS Word 2000.**
- You may also print it out and complete it by hand or typewriter.
- Attach all narrative information to this form and mail to:

**OFFICE OF DRUG CONTROL POLICY  
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
320 S WALNUT STREET  
LANSING MI 48913**

**TELEPHONE: (517) 373-4700**

You may also fax it to:  
**(517) 373-2963**

or e-Mail it to:  
**MDCH-ODCP@Michigan.Gov**

Grantee Name		ODCP Project Number
Project Title		
Project Start Date		Project End Date
Report Quarter <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		Report Period Ending Date
Person Completing this Report (Name and Title)		e-Mail Address:
Signature ( <i>not required if e-Mailed</i> )    Date	Telephone Number	FAX Number

**AUTHORITY:** By Authority of the Anti-Drug Abuse Act of 1988.  
**COMPLETION:** Is VOLUNTARY. Failure to provide this information is a violation of grant contract terms and conditions.

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**SECTION A:** *(Use additional sheets as needed)*

1. Describe team activities in your jurisdiction during this quarterly reporting period. Give a brief description of significant successful investigations that disrupted, dismantled, or rendered ineffective, cells or organizations that fraudulently obtained individuals identity for the purpose of securing or counterfeiting fraudulent credit cards and bank checks.

2. Give a brief description of investigations that established a connection between identity theft/fraud organizations and drug trafficking organizations.

3. Identify Michigan cities that are major identity theft/fraud centers.

**SECTION B - Identity Theft / Fraud Trends:** *(Use additional sheets as needed)*

1. Indicate identity theft / fraud trends and/or problems in your regional area.

2. Protective Services:

Indicate the number of situations where search warrants were executed  
and/or arrests were made when children were present .....

3. Of the amount indicated above, provide the number of children in the following age groups:

Children age 4 or Less

Children age 5 - 10

Children age 11 - 16

4. Indicate how the presence of children was handled in the investigation.  
Was Protective Services contacted? If so, how did Protective Services respond?

**SECTION C – Grant Activities this Quarter:**

1. Number of investigations initiated	2. Number of investigations closed	3. Number of investigations pending
4. List the number of investigations in which your task force assisted other state, county or local law enforcement agencies this quarter .....		
5. List ALL Law Enforcement Agencies and other Private Organizations that your task force assisted during this quarter.		

## 6. Arrests (Total number of counts)

Charge	Arrests	Counts	Convictions	Dismissed / Not Guilty	Pending
<b>TOTALS →</b>					

## 7. Organizations Identified or Shutdown

Type of Organization	Number Identified	Number Shutdown
Fraud Cells		
Counterfeit Credit Card Plants		
Counterfeit Check Plants		
Counterfeit Identification Plants		
Money Laundering Organizations		

8. Firearms Seized:

Type of Firearm Seized	Number Seized
Hand Guns	
Long Guns (Rifles / Shotguns)	
Assault Rifles	
Other (explain):	

9. Indicate the number of officers, retail personnel and financial personnel trained in the investigation of identity theft / fraud this quarter by Identity Fraud Task Force personnel..... \_\_\_\_\_

10. List the types of activities / programs that were presented by Identity Fraud Task Force personnel.

11. List the number of grand jury indictments during this quarter. .... \_\_\_\_\_

12. List the number of arrests in the following categories.

Citizenship	Males	Females	Juveniles	Adults	First Offenders	Repeat Offenders	Unknown
U.S.							
Unknown							
<b>TOTALS →</b>							

13. Asset Forfeiture:

☐ None This Quarter

Type of Asset	This Quarter		Year-to-Date	
	NUMBER	VALUE (whole dollars)	Number	VALUE (whole dollars)
Vehicles		\$		\$
Vessels		\$		\$
Aircraft		\$		\$
Currency		\$		\$
Other Financial Instruments		\$		\$
Real Property		\$		\$
Weapons		\$		\$
All Other		\$		\$
<b>TOTALS →</b>		\$		\$

14. Percentage distribution of forfeiture proceeds.

% to task force

% to other government entities

15. Percentage of forfeiture proceeds for task force expenditures. \*

For Personnel %	For Equipment %	For Training %
For Matching Funds %	Other: (explain) %	

\* *Can be reported annually*

16. What kind of specialized training was provided for team members during this quarter?

17. Sworn personnel during this quarter has: *(check one and indicate percentage as appropriate)*

☐ Increased (by:            )            ☐ Decreased (by:            )            ☐ Remained the Same

18. List total **Grant Funded** Personnel. ....

19. List All the Departments.

20. List total **Non-Grant Funded** Personnel. ....

21. List All the Departments.